## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Granite State Solutions	C C00580381
	C 000300301
Check if 24-hour report	on Mam / Dab / Yayayay
Full Name of Payee Main Street Madia Croup	Date of Public Distribution/Dissemination
Main Street Media Group	10 18 2016
Mailing Address PO Box 25093	Amount
City State Zip Code	3209808.69
Alexandria VA 22313	Transaction ID : SE.4213  Date of Disbursement or Obligation
Purpose of Expenditure Media Buy  Category/ Type  004	10 13 2016
Name of Federal Candidate Support Office	e Sought: House District: 00
HASSAN, MARGARET WOOD, , ,	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought  Disbrace 2016	ursement For: Primary   General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Targeted Victory	10 18 2016
Mailing Address 1033 North Fairfax St Ste 400	
	Amount
City State Zip Code	140542.00
Alexandria VA 22314	Transaction ID : SE.4212 Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertising  Category/ Type  004	10 17 2016
Name of Federal Candidate Support Offic	e Sought: House District: 00
HASSAN, MARGARET WOOD, , ,	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought  Disb 2016	ursement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	3350350.69
42 0UD-0-11 (U.S. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	3350350.69
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
24.0	0 18 2016
Signature	